



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E279424**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-2662
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	10 - 23 - 2013	TIME (2400)	2325	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
-------------------	----------------	-------------	------	----------	----	-------	--	---	--	--------	------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		
MARKET STREET	BLOCK NO.		MILE POST	

DISTANCE		MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SR 9
----------	--	-------	--	---	--------------------------------	------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 8082325276
---------	---	--------------------------------------	--	-------	---------------

LAST NAME	BEIERLE	FIRST NAME	RACHEL	MIDDLE INITIAL	C
-----------	---------	------------	--------	----------------	---

STREET NEW ADDRESS	720 MILL AVE APT 2
--------------------	--------------------

CITY	SNOHOMISH	ST	WA	ZIP	982902554
------	-----------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	BEIERRC133KR	STATE	WA	SEX	F	D.O.B.	05 - 19 - 1987
--------------------	--------------	-------	----	-----	---	--------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------	--

LICENSE PLATE #	ACE9042	STATE	WA	VIN#	
-----------------	---------	-------	----	------	--

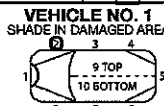
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2004	MAKE	MERZ	MODEL	320	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-----	-------	----	---	----------	--	---

REGISTERED OWNER INFO. OWNED BY DRIVER	
--	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VERN FUNK INS WDBRF64J24F483424
---	-------------------------	---------------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4259037600
---------	---	--------------------------------------	-------------------------------------	---	--	-------	---------------

LAST NAME	STEEN	FIRST NAME	AMBER	MIDDLE INITIAL	M
-----------	-------	------------	-------	----------------	---

STREET NEW ADDRESS	419 95TH DR SE
--------------------	----------------

CITY	LAKE STEVENS	ST	WA	ZIP	982583900
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS	J	ENDORSEMENTS	
-----	--	--------------	---	--------------	--

DRIVER'S LICENSE #	STEENAM07709	STATE	WA	SEX	F	D.O.B.	09 - 29 - 1993
--------------------	--------------	-------	----	-----	---	--------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	--------	---	--------	---	-------	---	------------	--	--------------	---	--------------------	--

LICENSE PLATE #	AHM8445	STATE	WA	VIN#	KL5JJ52Z04K999763
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2004	MAKE	SUZI	MODEL	FORSA	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	--	---	----------	--	---

REGISTERED OWNER INFO. OWNED BY DRIVER	
--	--

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	MIDDLESEX INS CO 474590918
---	-------------------------	----------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



OFFICER'S NAME (PRINT)	JEFF LAMBIER	BADGE OR ID #	104	AGENCY	WA0311900
------------------------	--------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E279424**

CASE # **13-2662**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was stopped in the left hand turn lane on Market Street, west bound, at SR 9. Unit 2 was stopped at the opposing light, east bound on Market Street at SR 9. Unit 2 had the right of way with a green light and proceeded east bound on Market Street, through the intersection. Unit 1 pulled into the intersection and turned left (south) onto SR 9, striking Unit 2 as Unit 2 passed through the intersection. The driver of Unit 1 stated that the designated "left turn light" at the intersection was green. The driver of Unit 2 stated that she had the green light and that statement was supported by a 3rd driver at the scene. The light may have cycled while Unit 2 was in the intersection, however Unit 2 would have still had the right of way and Unit 1 failed to yield that right of way.

No injuries reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JEFF LAMBIER

10-24-13 02:44 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

10/24/2013 3:02:35 AM

BADGE OR ID # 104

ORI #

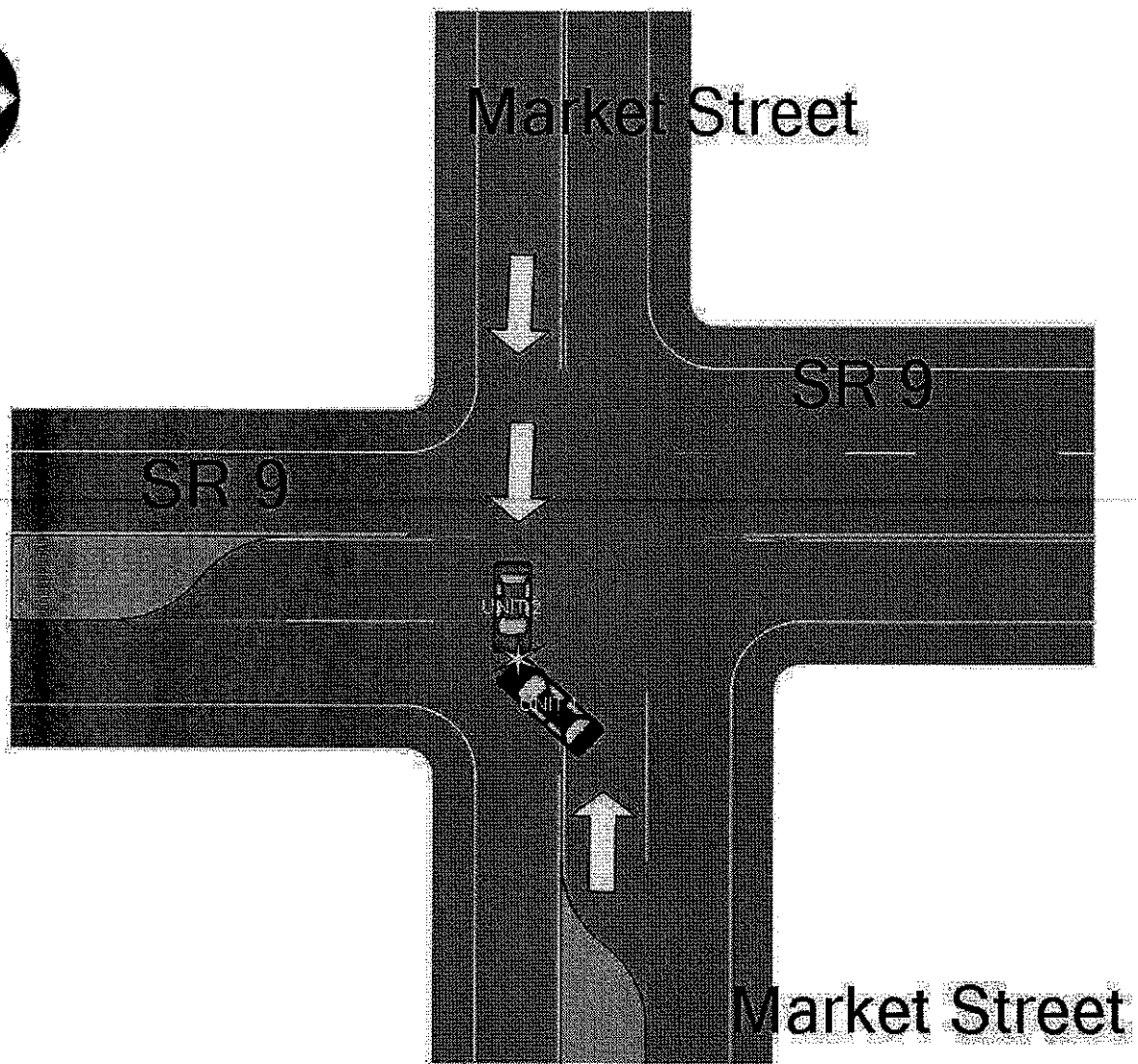
WA0311900

TIME POLICE DISPATCHED

11:25 PM

TIME POLICE ARRIVED

11:34 PM



```

70041      (SF0E88)    CLEAR      SS1935J
00041      CL OFF      001035E

```